CY 2013 Medicare Physician Fee Schedule (PFS) Proposed Rule: Quality Reporting Initiatives

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Presentation Agenda

1. General Overview
2. The Physician Quality Reporting System (PQRS)
3. The Electronic Prescribing (eRx) Incentive Program
4. The Medicare EHR Incentive Program
5. Physician Compare
6. How to Submit Comments
7. Where to Call for Help
8. Questions & Answers

Proposals Related to Quality Reporting: General Overview

ALIGNMENT: In establishing proposals for these quality reporting programs, our main goal was to align requirements for these programs to reduce reporting burden on eligible professionals.

Proposals to align PQRS with the EHR Incentive Program

- Propose to extend the PQRS-Medicare EHR Incentive Pilot for CY 2013, which allows eligible professionals to report for PQRS and the EHR Incentive Program using one set of data
- Propose to align quality reporting requirements for reporting via EHR
- Propose to align measures available for reporting via the EHR-based reporting mechanism(s)

Proposals to align PQRS with the Medicare Shared Savings Program

- Propose to align measures reported via the Group Practice Reporting Option (GPRO) web-interface for PQRS with the measures reported via the GPRO web-interface for the Medicare Shared Savings Program
- Propose to align beneficiary assignment methodology for the GPRO web-interface for PQRS and the Medicare Shared Savings Program

Proposals to align PQRS with the Value-Based Modifier (VBM)

- For the 2015 and 2016 payment adjustments, propose to incorporate the VBM's administrative claims option as a method of being excluded from the PQRS payment adjustment

CY 2013 MEDICARE PFS PROPOSED RULE:

PROPOSALS FOR THE PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html

PQRS: General Overview

- **Goals considered while establishing proposals for PQRS:**
  - Increase participation to 50% by CY 2015, which is the first year PQRS will not offer incentives for reporting, only payment adjustment
    - The *2010 Experience Report* indicated that the participation rate for 2010 was 26%; therefore, CMS plans to nearly double the number of eligible professionals participating in PQRS
  - Align with other Medicare quality reporting programs that have quality reporting requirements, such as the EHR Incentive Program, Medicare Shared Savings Program, and Value-Based Modifier
  - Establish reporting requirements for the remaining incentives (2013 and 2014)
  - Ease eligible professionals into reporting for the PQRS payment adjustment by providing alternative means to avoiding the 2015 and 2016 payment adjustments (the first 2 years of the PQRS payment adjustment) other than the traditional PQRS methods and criteria for satisfactory reporting

PQRS: Proposed Reporting Mechanisms

Proposed Reporting Mechanism	Reporting Mechanism Characteristics
Claims	• Available to use for reporting for the PQRS incentives and payment adjustments • Available for use by eligible professionals and CMS-selected group practices of 2-99 eligible professionals using the GPRO
Qualified Registry	• Available to use for reporting for the PQRS incentives and payment adjustments • Available for use by eligible professionals and CMS-selected group practices of 2-99 eligible professionals using the GPRO • Eligible professionals and group practices MUST use a registry that has been qualified by CMS for the applicable reporting period • Qualified registries that submit grossly inaccurate data may be subject to disqualification
Direct EHR Product and EHR Data Submission Vendor	• Available to use for reporting for the PQRS incentives and payment adjustments • Available for use by eligible professionals and CMS-selected group practices of 2-99 eligible professionals using the GPRO • Although CMS has previously required direct EHR products and EHR data submission vendors to undergo a qualification process, beginning 2014, CMS is proposing not to continue the qualification process
GPRO Web-interface	• Available to use for reporting for the PQRS incentives and payment adjustments • ONLY available for CMS-selected group practices using the GPRO
Administrative Claims	• ONLY available to use for reporting for the 2015 and 2016 PQRS payment adjustments • Available for use by all eligible professionals and CMS-selected group practices using the GPRO • Eligible professionals and group practices MUST elect to use this reporting mechanism • Unlike the traditional claims-based reporting option, an eligible professional or group practice would not be required to submit quality-data codes (QDCs) on claims to CMS for analysis. Rather, CMS would analyze every eligible professional's or CMS-selected group practice's patients' Medicare claims to determine whether the eligible professional or group practice has performed any of the clinical quality actions indicated in the proposed PQRS quality measures in Table 63.

THE 2013 AND 2014 PQRS INCENTIVES:

FOR 2013 AND 2014, IN ACCORDANCE WITH §414.90(C)(3), ELIGIBLE PROFESSIONALS THAT SATISFACTORILY REPORT DATA ON PQRS QUALITY MEASURES ARE ELIGIBLE TO RECEIVE AN INCENTIVE EQUAL TO 0.5 PERCENT OF THE TOTAL ESTIMATED MEDICARE PART B ALLOWED CHARGES FOR ALL COVERED PROFESSIONAL SERVICES FURNISHED BY THE ELIGIBLE PROFESSIONAL OR GROUP PRACTICE DURING THE APPLICABLE REPORTING PERIOD.

PQRS: Proposed Criteria for Satisfactory Reporting Data on PQRS Quality Measures by Individual Eligible Professionals for the 2013 Incentive

Reporting Period	Measure Type	Reporting Mechanism	Proposed Reporting Criteria
Jan 1, 2013—Dec 31, 2013	**Individual Measures**	**Claims**	Report at least 3 measures, OR, if less than 3 measures apply to the eligible professional, report 1-2 measures*; AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted. *Subject to the Measure-Applicability Validation (MAV) process.
Jan 1, 2013—Dec 31, 2013	**Individual Measures**	**Qualified Registry**	Report at least 3 measures, AND report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2013—Dec 31, 2013	**Individual Measures**	**Direct EHR Product or EHR Data Submission Vendor**	Option 1: As required by the Stage 1 final rule, eligible professionals must report on 3 Medicare EHR Incentive Program core or alternate core measures, plus 3 additional measures. The EHR Incentive Program's core, alternate core, and additional measures can be found in Table 6 of the EHR Incentive Program's Stage 1 final rule (75 FR 44398) or in Tables 32 and 33 of this section. We refer readers to the discussion in the Stage 1 final rule for further explanation of the requirements for reporting those CQMs (75 FR 44398 through 44411). Option 2: Report at least 3 measures; AND report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2013—Dec 31, 2013	**Measures Groups**	**Claims**	Report at least 1 measures group; AND report each measures group for at least 20 Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted.
Jan 1, 2013—Dec 31, 2013	**Measures Groups**	**Qualified Registry**	Report at least 1 measures group; AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted.
Jul 1, 2013—Dec 31, 2013	**Measures Groups**	**Qualified Registry**	Report at least 1 measures group; AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted.

PQRS: Proposed Criteria for Satisfactory Reporting Data on PQRS Quality Measures by Individual Eligible Professionals for the 2014 Incentive

Reporting Period	Measure Type	Reporting Mechanism	Proposed Reporting Criteria
Jan 1, 2014—Dec 31, 2014	**Individual Measures**	**Claims**	Report at least 3 measures, OR, if less than 3 measures apply to the eligible professional, report 1—2 measures*; AND report each measure for at least 50 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted. *Subject to the MAV process.
Jan 1, 2014—Dec 31, 2014	**Individual Measures**	**Qualified Registry**	Report at least 3 measures; AND report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
Jan 1, 2014—Dec 31, 2014	**Individual Measures**	**Direct EHR Product or EHR Data Submission Vendor**	Option 1a: Select and submit 12 clinical quality measures available for EHR-based reporting from Tables 32 and 33, including at least 1 measure from each of the following 6 domains – (1) patient and family engagement, (2) patient safety, (3) care coordination, (4) population and public health, (5) efficient use of healthcare resources, and (6) clinical process/effectiveness. Option 1b: Submit 12 clinical quality measures composed of all 11 of the proposed Medicare EHR Incentive Program core clinical quality measures specified in Tables 32 and 33 plus 1 menu clinical quality measure from Tables 32 and 33. Option 2: Report at least 3 measures AND report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a zero percent performance rate will not be counted
Jan 1, 2014—Dec 31, 2014	**Measures Groups**	**Claims**	Report at least 1 measures group; AND report each measures group for at least 20 Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted.
Jan 1, 2014—Dec 31, 2014	**Measures Groups**	**Qualified Registry**	Report at least 1 measures group; AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted.
Jul 1, 2014—Dec 31, 2014	**Measures Groups**	**Qualified Registry**	Report at least 1 measures group; AND report each measures group for at least 20 patients, a majority of which must be Medicare Part B FFS patients. Measures groups containing a measure with a 0 percent performance rate will not be counted

PQRS: Proposed Criteria for Satisfactory Reporting Data on PQRS Quality Measures for CMS-Selected Group Practices Using the GPRO for the 2013 Incentive

Reporting Period	Reporting Mechanism	Group Practice Size	Proposed Reporting Criterion
12-month (Jan 1-Dec 31)	**GPRO Web-Interface**	**25-99 eligible professionals**	Report on all measures included in the web interface in Table 35; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
12-month (Jan 1-Dec 31)	**GPRO Web-Interface**	**100+ eligible professionals**	Report on all measures included in the web interface in Table 35; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries.
12-month (Jan 1-Dec 31)*	**Claims**	**2-99 eligible professionals**	Report at least 3 measures; AND Report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1-Dec 31)	**Qualified Registry**	**2-99 eligible professionals**	Report at least 3 measures; AND Report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1-Dec 31)	**Direct EHR product or EHR Data Submission Vendor**	**2-99 eligible professionals**	Option 1: Eligible professionals in a group practice must report on 3 Medicare EHR Incentive Program core or alternate core measures, plus 3 additional measures. The EHR Incentive Program' core, alternate core, and additional measures can be found in Table 6 of the EHR Incentive Program's Stage 1 final rule (75 FR 44398) or in Tables 32 and 33 of this section. We refer readers to the discussion in the Stage 1 final rule for further explanation of the requirements for eligible professionals for reporting those CQMs (75 FR 44398 through 44411). Option 2: Report at least 3 measures; AND Report each measure for at least 80 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.

PQRS: Proposed Criteria for Satisfactory Reporting Data on PQRS Quality Measures for CMS-Selected Group Practices Using the GPRO for the 2014 Incentive

Reporting Period	Reporting Mechanism	Group Practice Size	Proposed Reporting Criterion
12-month (Jan 1-Dec 31)	**GPRO Web-Interface**	**25-99 eligible professionals**	Report on all measures included in the web interface in Table 35; AND Populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 218, then report on 100 percent of assigned beneficiaries.
12-month (Jan 1-Dec 31)	**GPRO Web-Interface**	**100+ eligible professionals**	Report on all measures included in the web interface in Table 35; AND Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each module or patient care measures. If the pool of eligible assigned beneficiaries is less than 411, then report on 100 percent of assigned beneficiaries.
12-month (Jan 1-Dec 31)*	**Claims**	**2-99 eligible professionals**	Report at least 3 measures,;AND Report each measure for at least 50 percent of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1-Dec 31)	**Qualified Registry**	**2-99 eligible professionals**	Report at least 3 measures; AND Report each measure for at least 80 percent of the CMS-selected group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.
12-month (Jan 1-Dec 31)	**Direct EHR product or EHR Data Submission Vendor**	**2-99 eligible professionals**	Option 1a: Select and submit 12 clinical quality measures available for EHR-based reporting from Tables 32 and 33, including at least 1 measure from each of the following 6 domains – (1) patient and family engagement, (2) patient safety, (3) care coordination, (4) population and public health, (5) efficient use of healthcare resources, and (6) clinical process/effectiveness. Option 1b: Submit 12 clinical quality measures composed of all 11 of the proposed Medicare EHR Incentive Program core clinical quality measures specified in Tables 32 and 33 plus 1 menu clinical quality measure from Tables 32 and 33. Option 2: Report at least 3 measures; AND Report each measure for at least 80 percent of the CMS-selected group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies. Measures with a 0 percent performance rate will not be counted.

THE PQRS PAYMENT ADJUSTMENTS:

SECTION 1848(A)(8) OF THE SOCIAL SECURITY ACT, AS ADDED BY SECTION 3002(B) OF THE AFFORDABLE CARE ACT, PROVIDES THAT FOR COVERED PROFESSIONAL SERVICES FURNISHED BY AN ELIGIBLE PROFESSIONAL DURING 2015 OR ANY SUBSEQUENT YEAR, IF THE ELIGIBLE PROFESSIONAL DOES NOT SATISFACTORILY REPORT DATA ON QUALITY MEASURES FOR COVERED PROFESSIONAL SERVICES FOR THE QUALITY REPORTING PERIOD FOR THE YEAR, THE FEE SCHEDULE AMOUNT FOR SERVICES FURNISHED BY SUCH PROFESSIONAL DURING THE YEAR SHALL BE EQUAL TO THE APPLICABLE PERCENT OF THE FEE SCHEDULE AMOUNT THAT WOULD OTHERWISE APPLY TO SUCH SERVICES. THE APPLICABLE PERCENT FOR 2015 IS 98.5 PERCENT. FOR 2016 AND SUBSEQUENT YEARS, THE APPLICABLE PERCENT IS 98.0 PERCENT.

PQRS: Proposed Criteria for Satisfactory Reporting Data on PQRS Quality Measures by Eligible Professionals and Group Practices Using the GPRO for the 2015 and 2016 Payment Adjustments

Reporting Period	Reporting Mechanism	Proposed Reporting Criterion
12-month (Jan 1-Dec 31)	**Claims**	Report 1 measure or measures group. OR Meet the criteria for satisfactory reporting for the respective 2013 and/or 2014 PQRS incentive.
12-month (Jan 1-Dec 31)	**Qualified Registry**	Report 1 measure or measures group. OR Meet the criteria for satisfactory reporting for the respective 2013 and/or 2014 PQRS incentive.
12-month (Jan 1-Dec 31)	**Direct EHR product or EHR Data Submission Vendor**	Report 1 measure. OR Meet the criteria for satisfactory reporting for the respective 2013 and/or 2014 PQRS incentive.
12-month (Jan 1-Dec 31)	**GPRO Web-Interface**	Meet the criteria for satisfactory reporting for the respective 2013 and/or 2014 PQRS incentive.
12-month (Jan 1-Dec 31)	**Administrative Claims**	Report ALL measures in Table 63 for 100 percent of the cases in which the measures apply. NOTE: Eligible professionals and group practices using this reporting option MUST elect to use this reporting option for the applicable payment adjustment reporting period.

PQRS: Proposed PQRS Quality Measures

Total # of proposed measures available for reporting using the claims, qualified registry, and/or EHR-based reporting mechanisms: **264**, categorized under proposed **6 domains**:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

- Total # of proposed measures available for reporting using the GPRO web-interface: **18 + CG-CAHPs survey measure**
  - The measures proposed for reporting under the GPRO are the same measures established for group reporting under the Medicare Shared Savings Program

- Total # of proposed measures available for reporting using the administrative claims reporting mechanism: **19**

To receive more information on the proposed measures contained in this section, including the measure specifications for these proposed measures, please contact the respective measure owners. Contact information for the measure owners of these proposed PQRS measures is available on the PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html.

PQRS: Proposed PQRS Quality Measures (cont.)

- Total # of proposed measures groups: **26**
  - 21 previously established PQRS measures groups:
    - Diabetes Mellitus; Chronic Kidney Disease (CKD); Preventive Care; Coronary Artery Bypass Graft (CABG); Rheumatoid Arthritis (RA); Perioperative Care; Back Pain; Hepatitis C; Heart Failure (HF); Coronary Artery Disease (CAD); Ischemic Vascular Disease (IVD); HIV/AIDS; Asthma; Chronic Obstructive Pulmonary Disease (COPD); Inflammatory Bowel Disease (IBD); Sleep Apnea; Dementia; Parkinson's Disease; Hypertension; Cardiovascular Prevention; and Cataracts
  - 1 new measures group for 2013:
    - Oncology
  - 4 new measures groups for 2014:
    - Osteoporosis; Total Knee Replacement; Radiation Dose; and Preventive Cardiology

To receive more information on the proposed measures contained in this section, including the measure specifications for these proposed measures, please contact the respective measure owners. Contact information for the measure owners of these proposed PQRS measures is available on the PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html.

PQRS: Other Proposals Related to PQRS

- Maintenance of Certification Program Incentive
  - The CY 2013 PFS proposed rule also sets forth the criteria for eligible professionals who wish to earn a Maintenance of Certification Program Incentive through 2014

- Informal Review for the PQRS Payment Adjustments
  - Proposes timeframe for requesting an informal review related to the PQRS payment adjustments

CY 2013 MEDICARE PFS PROPOSED RULE:

PROPOSALS FOR THE ELECTRONIC PRESCRIBING (eRx) INCENTIVE PROGRAM

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html

The eRx Incentive Program: Proposals

- Based on our proposal to expand the definition of group practice to incorporate groups of 2-24 eligible professionals, CMS is proposing criteria for becoming a successful electronic prescriber for CMS-selected groups of 2-24 eligible professionals who participate in the eRx GPRO for the 2013 incentive and 2014 payment adjustment
  - **Proposed criterion for the 2013 incentive:** report the electronic prescribing measure's numerator code during a denominator-eligible encounter for at least 225 times during the 12-month 2013 incentive reporting period (January 1, 2013—December 31, 2013)
  - **Proposed criterion for the 2014 payment adjustment:** report the electronic prescribing measure's numerator code during a denominator-eligible encounter for at least 225 times during the 6-month 2014 payment adjustment reporting period (January 1, 2013—June 30, 2013)

- Establish an informal review process for the 2013 incentive and 2014 payment adjustment

- Provide 2 additional hardship exemption categories for the 2013 and 2014 payment adjustments related to the EHR Incentive Program:
  - Eligible professionals or group practices who achieve meaningful use during certain eRx payment adjustment reporting periods
  - Eligible professionals or group practices who demonstrate intent to participate in the EHR Incentive Program and adoption of Certified EHR Technology

Please note that we established most requirements for the eRx Incentive Program in the CY 2012 Medicare PFS final rule.

CY 2013 MEDICARE PFS PROPOSED RULE:

PROPOSALS FOR THE MEDICARE EHR INCENTIVE PROGRAM

Medicare EHR Incentive Program: Proposals

- In the CY 2012 PFS final rule, CMS established the PQRS-EHR Incentive Pilot, allowing eligible professionals a means to meet the criteria for satisfactory reporting for the 2012 PQRS incentive and achieve meaningful use for the EHR Incentive Program

- In the CY 2013 PFS proposed rule, CMS proposes to continue use of the PQRS-EHR Incentive Pilot
  - Eligible professionals using the PQRS-EHR Incentive Pilot would use the following reporting mechanisms to report quality measures:
    - PQRS-Qualified EHR Direct Product
    - PQRS-Qualified EHR Data Submission Vendor

- For the 2013 payment year, CMS also proposes to continue using attestation as a method of reporting clinical quality measures (CQMs) to meet the CQM component of meaningful use

CY 2013 MEDICARE PFS PROPOSED RULE:

PROPOSALS FOR PHYSICIAN COMPARE

Physician Compare: Proposals

Physician Compare

- Propose to continue to incrementally expand public reporting of performance information on Physician Compare. In addition to continuing to post performance rates on the measures that CMS-selected group practices and ACOs report via the GPRO web interface, the 5-year plan includes adding:
  - 2013 patient experience data for CMS-selected group practices and ACOs
  - Names of participants who earn a 2013 PQRS Maintenance of Certification Program Incentive
  - Measures that have been developed and collected by specialty societies as deemed appropriate
  - 2014 group-level ambulatory care sensitive condition measures of potentially preventable hospitalizations
  - 2015 PQRS and Value-Based Modifier quality measures for individuals

How to Submit Comments on Proposals to the CY 2013 PFS Proposed Rule

- **Link to CY 2013 PFS Proposed Rule:**
  http://www.ofr.gov/(X(1)S(pcrx1hkz11b4txyqsin5fttk))/OFRUpload/OFRData/2012-16814_PI.pdf

- Display Date: **July 6, 2012**
- Scheduled Publication Date: **July 30, 2012**
- Public Comment Period: CMS will accept comments on the proposed rule until **September 04, 2012**, and will respond to them in a final rule with comment period to be issued by November 1, 2012.

- You may submit comments in one of four ways (please choose only one):
  - **Electronically.** You may submit electronic comments on this regulation to http://www.regulations.gov. Follow the instructions for "submitting a comment."
  - **By regular mail.** You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1590-P, P.O. Box 8013, Baltimore, MD 21244-8013. Please allow sufficient time for mailed comments to be received before the close of the comment period.
  - **By express or overnight mail.** You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1590-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.
  - **By hand or courier.** If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:
    - For delivery in Washington, DC -- CMS-1590-P, Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201
    - For delivery in Baltimore, MD -- Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244-1850
    - Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period

Where to Call for Help

- **QualityNet Help Desk:**
  - Portal password issues
  - PQRS/eRx feedback report availability and access
  - IACS registration questions
  - IACS login issues
  - Program and measure-specific questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or qnetsupport@sdps.org

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

Time for

QUESTIONS & ANSWERS

Evaluate Your Experience with Today's National Provider Call

- To ensure that the National Provider Call (NPC) program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

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